

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-088504 FILING DATE

APPLICANT(S)

CLAIMS

AB FILED	AFTER		AFTER	
	1ST AMENDMENT	2ND AMENDMENT	IND.	DER.
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TOTAL AB	2	↓	↓	↓
TOTAL IND.	2	↓	↓	↓
TOTAL DER.	0	↓	↓	↓
TOTAL CLAIMS	0	↓	↓	↓

IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	2	↓	↓	↓	↓
TOTAL DER.	0	↓	↓	↓	↓
TOTAL CLAIMS	0	↓	↓	↓	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS